

TRINIDAD AND TOBAGO

Situational Report MAY 2020



MISSION TO ICACOS. The UNHCR T&T Community-Based Protection (CBP) team conducted a protection assessment mission of three groups of Venezuelans living in the Icacos area on May 13, 2020. This was the second mission to the community by UNHCR as one was previously undertaken in December 2019. Approximately 100 persons in total live in all three locations with half of these being children and close to one third being women. The groups faced issues of inadequate access to potable water, inadequate access to quality sanitation, lack of access to education, overcrowding, unhygienic living conditions and poor access to social and health services due to their location, including testing for COVID-19. The CBP team is coordinating a protection response with officials from the Ministry of Health and will meet with the local government authorities as well as other agencies and community-based organisations operating in the area, to understand the relationship between the host community and the Venezuelans and to develop beneficial community-led solutions for the migrants.

CURRENT CONTEXT

Trinidad and Tobago began to experience the phased easing of COVID-19 public health restrictions in May 2020, with restaurants and food vendors being allowed to operate takeaway and delivery services from May 15 and the construction and manufacturing sectors being reopened on May 21, 2020. Many refugees and asylum-seekers however remained in a state of heightened vulnerability, with reduced access to basic needs, employment and shelter, as many sectors of the economy remained closed. Eviction from places of residence remained a serious threat as loss of income left many unable to make rent payments. The use of negative coping mechanisms given inadequate social assistance available to this population remains a concern. Attempts to access territory via irregular means were also noted.

UNHCR Trinidad and Tobago Operation continued to provide protection assistance for refugees and asylumseekers during this period while taking steps to safely reestablish physical presence at UNHCR premises. Refocused protection operations continue with the implementation of expanded community communication channels and a pivot towards more community-based protection operations. UNHCR returned to its premises on 26 May and reopened its reception area on 1 June to persons with appointments and emergency cases. We also continue to schedule and meet with refugees and asylum-seekers virtually, an activity that was launched at the onset of the COVID-19 pandemic.

POPULATION*



18,675

82% 18-59 YEARS REGISTERED WITH 16.8% UNDER-18 YEARS

45.9% 1 54.1%

VENEZUELAN

*Figures are as at May 31st 2020. Registration at UNCHR premises had been temporarily suspended in March due to COVID-19. 3,402 individual records were inactivated in April due to registration documentation being expired for more than six months.

OPERATIONAL HIGHLIGHTS



COMMUNITY HOTLINE COMMUNICATION

The expanded hotline service continues to be heavily utilized by the population of concern for receiving assistance referrals and needed information. For the month of May, the hotline received 859 queries from persons of concern, the majority of which have been requests for information on cash (32%) or food (15%) assistance or about registration appointments and rescheduling (15%).



FOOD ASSISTANCE

Through partner <u>Living Water Community</u> (LWC), **394 families** received food assistance in May. Beneficiaries apply for emergency food assistance remotely through an online form and once approved, receive QR coded evouchers that are redeemed at supermarkets in communities nationwide. UNHCR also collaborated with the LWC foodbank to support access to bulk food support in communities via parishes and community organizations, and door-to-door deliveries to individuals.





CASH-BASED INTERVENTION (CBI)

After revisions to CBI criteria to include COVID-19 impacts were completed, a method for receiving remote applications was launched. CBI grants were delivered to **175 beneficiaries** this month for individuals facing protection risks with very limited or no ability to achieve self-reliance. Continuous screening is being conducted by partner LWC for a basic food, health and hygiene transfer value, to cater to the most pressing needs of the community, while a contactless modality option for delivering this assistance to families is also being explored.



EDUCATION ACCESS

The Education Working Group (EWG) working with the Catholic Education Board of Management (CEBM) have identified and are working to register **119 students** to be placed in CEBM-run schools. The students, all at the primary level, are all children of parents registered in the Government's 2019 registration of Venezuelans. **111 new beneficiaries** were able to access lessons remotely in May through <u>Equal Place</u>, with a total of **789 students** receiving education services for this month.



ACCESS TO MEDICAL AND PSYCHOSOCIAL HEALTH SERVICES OFFERED

UNHCR implementing partner <u>Family Planning Association</u> launched a telehealth initiative using communication technology to offer medical services, which allowed them to reach beneficiaries who had not been serviced previously. **94 consultations** on sexual and reproductive health for refugees and asylum-seekers were conducted during May in addition to **12 paediatric care consultations delivered**. Implementing partner <u>Rape Crisis Society</u> continued to provide remote psychological services, via telephone, instant messaging and interactive videoconferencing, facilitating **51 counselling sessions** for victims of sexual and gender-based violence.



FACILITATING LIVELIHOOD OPPORTUNITIES

Following a Call for Experts from the Caribbean Public Health Agency, UNHCR undertook a phone screening of 400 persons of concern to identify persons from among the refugee community with medical experience for the COVID-19 emergency response. 20 professionals were pre-identified to fit the criteria requested by CARPHA and UNHCR facilitated the submission of 13 of these applications to CARPHA.



SUPPORTING GOVERNMENT PARTNERS

UNHCR extended support to the Eastern Regional Health Authority in their request for geographic information system software licenses renewal, through the Ministry of Health. UNHCR had previously procured the software for the Ministry of Health in 2018 and more recently, renewed a separate software license on behalf of the Ministry of Health. The software will greatly enhance the Ministry's ability to conduct contact tracing and manage their COVID-19 response.

FUNDING



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